



**MAILING DATE: May 7, 2019**

Ms. Rachel Hortert  
Administrator  
Concordia Lutheran Health & Human Care  
104 Concordia Way  
Butler, Pennsylvania 16001

RE: Concordia at the Orchard  
Certificate #: 425060

Dear Ms. Hortert:

As a result of the Department's Bureau of Human Services Licensing inspection on October 25, 2018, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzy Quinn".

Suzy Quinn  
Human Services Licensing Supervisor

Enclosure  
Violation Report

RECEIVED

1/2/19

Western Region Field Office  
Bureau of Human Services Licensing

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

<b>PCH Name:</b> CONCORDIA AT THE ORCHARD		<b>License Number:</b> 42506
<b>Address:</b> 104 CONCORDIA WAY, BUTLER, PA 16001		<b>County:</b> Butler
<b>Administrator:</b> Rachel Hortert		<b>Region:</b> WEST
<b>Legal Entity Name:</b> CONCORDIA LUTHERAN HEALTH & HUMAN CARE		
<b>Legal Entity Address:</b> 104 CONCORDIA WAY, BUTLER, PA 16001		
<b>Certificate(s) of Occupancy</b> C-2 LP 10/21/1999 Dept of Labor & Industry		
<b>Staffing Hours</b> <b>Resident Support:</b> 0 <b>Total Daily Staff:</b> 68 <b>Waking Staff:</b> 51		
<b>Type of Inspection:</b> Partial <b>BHA Docket Number:</b> <b>Notice:</b> Unannounced		
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/25/2018: Garvey, Jody		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> <b>Partial or Full Triggers:</b> <b>Random Indicators:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 60 <b>Number of Residents Served:</b> 60 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 3 <b>Number of Hospice Residents in past year:</b> 10	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 2 <b>Are 60 Years of Age or Older:</b> 59 <b>Have Mental Illness:</b> 1 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 8 <b>Have a Physical Disability:</b> 1	

**Violation Report:** 42506 - 10/25/2018 - Garvey, Jody  
**PCH Name:** CONCORDIA AT THE ORCHARD

**1. REGULATION 55 Pa.Code §2600**

2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

**2a. DESCRIPTION OF VIOLATION**

On 8/9/18 At 12:35 AM, resident #1 pulled the call bell and yelled for help from his/her room. Upon arriving at the resident's door, direct care staff found the resident was scared and visibly shaken. The resident indicated another resident came into his/her room and hit him/her in the face and head while the resident was lying in bed. Resident #1 was assessed onsite by direct care staff and was given an ice pack and Motrin. Direct care staff stayed with the resident until the end of the shift. The resident was not sent out to the hospital or assessed by a licensed medical professional until approximately 7:00 AM, at which time a CRNP diagnosed the resident with a left orbital contusion, left suborbital hematoma and ecchymosis. Multiple staff interviews indicate the home did not notify the resident's designated person of the suspected abuse until sometime between 6:30 AM and 7:00 AM.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

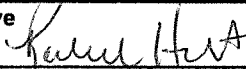
Teaching was completed with staff regarding when to call the Administrator and Resident Care Coordinator (who would also be the designee in absence of Administrator). Teaching also included a review of our Reportable Incident policy and Abuse/Abuse reporting policy. Lastly, we reviewed Abuse, neglect & Older Adult Protective Services Act presentation.

\*All material used for teaching attached

Immediately, then at least weekly, the administrator shall review all reportable incidents and conditions to ensure the home immediately notifies the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

 4/29/19

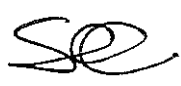
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Rachel Hartout - Administrator

Date 12/27/18

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/29/19</u> (Date)	Plan of correction implementation status as of <u>4/29/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**Violation Report:** 42506 - 10/25/2018 - Garvey, Jody  
**PCH Name:** CONCORDIA AT THE ORCHARD

**1. REGULATION 55 Pa.Code §2600**

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

**2a. DESCRIPTION OF VIOLATION**

On 8/9/18 At 12:35 AM, resident #1 pulled the call bell and yelled for help from his/her room. Upon arriving at the resident's door, direct care staff found the resident was scared and visibly shaken. The resident indicated another resident came into his/her room and hit him/her in the face and head while the resident was lying in bed. Resident #1 was assessed onsite by direct care staff and was given an ice pack and Motrin. Direct care staff stayed with the resident until the end of the shift. The resident was not sent out to the hospital or assessed by a licensed medical professional until approximately 7:00 AM, at which time a CRNP diagnosed the resident with a left orbital contusion, left suborbital hematoma and ecchymosis. Staff person A, the home's administrator, was not notified of the incident until arrival at approximately 7:00 AM.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

Respectfully, the issue of concern was not immediately reporting the incident to the Administrator and family which was addressed by violation #1.

Staff assessed the resident, treated with appropriate first aid procedures. The resident's eye was only area of complaint (and only area diagnosed upon examination).

Resident was continually monitored for changes in condition throughout the night, as staff member stayed with resident continually until morning.

Immediately, the administrator will develop and implement policies and procedures to ensure all residents receive proper medical care in a timely manner. The policy and procedure shall include seeking the proper medical care through the resident's physician or emergency medical care. This shall include recognition and response to emergency situations and a decline in the resident's health status and the proper notification to the resident's physician and the home's administrator or the designated staff person when a resident's health status declines.

 4/29/19

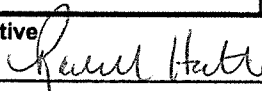
Within 30 days of receipt of the plan of correction: All staff shall be trained on these policies and procedures. Documentation of training shall be kept.

 4/29/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Rachel Hautot - Administrator

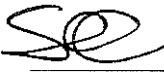
Date 12/27/18

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The above plan of correction is approved as of 4/29/19  
 (Date)

Plan of correction implementation status as of 4/29/19  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by   
 (Initials)